

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/640318		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		3					54				
5		3					55				
6		3					56				
7		3	12				57				
8		3					58				
9		3					59				
10		3					60				
11		3	12				61				
12		1					62				
13		1					63				
14		3					64				
15		3					65				
16		3					66				
17		3	12				67				
18	1						68				
19		1					69				
20		1					70				
21		3					71				
22		3					72				
23		3					73				
24		3	12				74				
25		3					75				
26		3					76				
27		3					77				
28		3	12				78				
29		1					79				
30		1					80				
31		3	3				81				
32	1						82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	71						TOTAL DEP.				
TOTAL CLAIMS	74						TOTAL CLAIMS				